



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Rosen et al.

Docket No.: PS735

Application No.: 10/644,807

Confirmation No.: 7993

Filed: August 21, 2003

Art Unit: 1646

For: Antibodies To HQAHD50 Polypeptide (As  
Amended Herein)

Examiner: X. Xie

**REPLY AND AMENDMENTS UNDER 37 C.F.R. § 1.115**

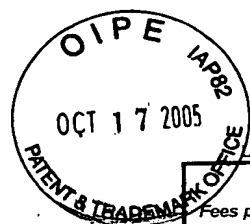
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed August 16, 2005 (Paper No. 08052005), please enter the following amendments and consider the following remarks and election. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet (in duplicate), with appropriate fee; (b) a Supplemental ADS to correct inventorship pursuant to 37 C.F.R. §1.48(b) (*Non-provisional application - fewer inventors due to amendment or cancellation of claims*); (c) an Information Disclosure Statement and Form PTO/SB/08; and (d) Petition for 1 month Extension of Time up to and including Monday, October 17, 2005, as October 16<sup>th</sup> was a Sunday.

- Amendments to the Specification begin on page 2 of this paper.
- Amendments to the Claims begin on page 3 of this paper.
- Remarks begin on page 6 of this paper.

Insertions are shown by underlining. Deletions are shown by ~~striketrough~~.



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/644,807-Conf. #7993
		Filing Date	August 21, 2003
		First Named Inventor	Craig A. Rosen
		Examiner Name	X. Xie
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1646	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 0.00	Attorney Docket No.	PS735

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>08-3425</u> Deposit Account Name: <u>Human Genome Sciences, Inc.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
<u>24</u>		<u>- 24 =</u>	<u>x</u>	<u>=</u>	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
<u>1</u>		<u>- 7 =</u>	<u>x</u>	<u>=</u>			
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>			<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
<u>          </u>	<u>- 100 =</u>	<u>/50</u>			<u>(round up to a whole number) x</u>	<u>=</u>	
<b>4. OTHER FEE(S)</b>							<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature	<u>Doyle A. Siever</u>	Registration No. (Attorney/Agent)	47,088
Name (Print/Type)	Doyle A. Siever	Telephone	(301) 354-3932
		Date	October 17, 2005